

Reporter Information

Record ID

Reporter

Reporter Name

Contact Phone

Contact email

Specialty

- ☐ Cardiologist
- ☐ CRNA
- ☐ Dental Anesthesiologist
- ☐ Dentist
- ☐ Dermatologist
- ☐ Nose, Throat
- ☐ Family Practitioner
- ☐ General Internist
- ☐ Interventional Radiologist
- ☐ NP Anesthesiologist
- ☐ Ophthalmologist
- ☐ Oral Surgeon
- ☐ Orthopedists
- ☐ Pediatric Dentist
- ☐ Pediatrician
- ☐ Physician Assistant
- ☐ Plastic Surgeon
- ☐ Podiatrist
- ☐ Pulmonologist
- ☐ Registered Nurse
- ☐ Surgeon
- ☐ Other (please specify)

Specialty (Other Specify)

License Type

- ☐ Doctor of Osteopathic Medicine
- ☐ Medical Doctor
- ☐ Nurse Practitioner
- ☐ Physician's Assistant
- ☐ Registered Nurse
- ☐ Other (please specify)

License Type Other (please specify)

Proceduralist

Proceduralist Name

Contact Phone

Contact email

Specialty

- ☐ Cardiologist
- ☐ CRNA
- ☐ Dental Anesthesiologist
- ☐ General Dentist
- ☐ Dermatologist
- ☐ Nose, Throat
- ☐ Family Practitioner
- ☐ General Internist
- ☐ Interventional Radiologist
- ☐ NP Anesthesiologist
- ☐ Ophthalmologist
- ☐ Oral Surgeon
- ☐ Orthopedists
- ☐ Pediatric Dentist
- ☐ Pediatrician
- ☐ Physician Assistant
- ☐ Plastic Surgeon
- ☐ Podiatrist
- ☐ Pulmonologist
- ☐ Registered Nurse
- ☐ Surgeon
- ☐ Other (please specify)
- ☐ Same as above

Specialty Other(please specify)

License Type

- ☐ Doctor of Osteopathic Medicine
- ☐ Medical Doctor
- ☐ Nurse Practitioner
- ☐ Physician's Assistant
- ☐ Registered Nurse
- ☐ Other (please specify)

License Type Other (please specify)

Person who administered sedation

Sedation Administrator

Contact Phone

Contact email

Specialty

- ☐ Cardiologist
- ☐ CRNA
- ☐ Dental Anesthesiologist
- ☐ Dentist
- ☐ Dermatologist
- ☐ Nose, Throat
- ☐ Family Practitioner
- ☐ General Internist
- ☐ Interventional Radiologist
- ☐ NP Anesthesiologist
- ☐ Ophthalmologist
- ☐ Oral Surgeon
- ☐ Orthopedists
- ☐ Pediatric Dentist
- ☐ Pediatrician
- ☐ Physician Assistant
- ☐ Plastic Surgeon
- ☐ Podiatrist
- ☐ Pulmonologist
- ☐ Registered Nurse
- ☐ Surgeon
- ☐ Other (please specify)
- ☐ Same as above

Specialty Other

License Type

- ☐ Doctor of Osteopathic Medicine
- ☐ Medical Doctor
- ☐ Nurse Practitioner
- ☐ Physician's Assistant
- ☐ Registered Nurse
- ☐ Other (please specify)

License Type Other

Facility

Facility Type

- ☐ Outpatient Clinic
- ☐ Physician's Office
- ☐ Urgent Care
- ☐ Other (please specify)

Facility Type Other

Patient Information Demographics

Patient Demographics

Patient Birthdate

Patient Gender

- ☐ Male
☐ Female
☐ Other

Patient Weight

(Value)

Patient Weight Measurement

- ☐ Lbs
☐ Kg
(Measurement Lbs or Kg)

ASA Classification

ASA Classification

- ☐ I
☐ ii
☐ III
☐ iv
☐ V
☐ Unknown

Event Information Instrument

Event Type

Event Type

Date of Event

Date of Determination

Stage of Procedure When Event Occured

- ☐ During Procedure
☐ After Procedure
☐ After Discharge
☐ Other (please specify)

Stage of Procedure When Event Occurred other (please specify)

Type of Procedure

Sedation

Sedation Medication

Dosage of Sedation

Route of Sedation

- ☐ Inhalation

Level of Sedation Planned

- ☐ Minimal
☐ Moderate
☐ Deep/General

Level of Sedation that Occured

- ☐ Minimal
☐ Moderate
☐ Deep/General

How was the level of Sedation Monitored?

What was the Frequency of Monitoring?

Harm Type

Harm Type

- ☐ Unsafe conditions
- ☐ Near miss which is an event that was stopped prior to reaching the patient
- ☐ No harm
- ☐ Additional monitoring or treatment to prevent harm
- ☐ Temporary harm requiring intervention
- ☐ Temporary harm requiring hospitalization
- ☐ Permanent patient harm
- ☐ Intervention to sustain life
- ☐ Patient death

Event Description

Description of What occurred

Escalation of Care and Rescue Activities

Was there an Escalation of Care?

- ☐ Yes
- ☐ No

What type of escalation of care occurred?

- ☐ Abortion of procedure
- ☐ Rescue or reversal agent used
- ☐ Unplanned assisted airway management
- ☐ Sedation beyond intended levels
- ☐ 911 call for EMS
- ☐ Transfer to higher level of care
- ☐ Other (Please specify)

What type of escalation of care occurred? Other (please specify)

Description of Rescue Activities

Rescue agents used

- ☐ Yes
- ☐ No

Type of Rescue agents used

Monitoring

Type of Monitoring

- ☐ Blood Pressure
- ☐ Cardiac Monitoring
- ☐ ECG monitoring
- ☐ Entitle (ETCO2)
- ☐ Observation
- ☐ Oxygen Saturation
- ☐ Pretracheal Auscultation
- ☐ Pulse Oximetry (SPO2)
- ☐ Temperature
- ☐ Other (Please specify)

Type of Monitoring Other (please specify)

Description of Monitoring

Emergency Medications and Supplies

Was an emergency response cart available?

- ☐ Yes
- ☐ No

Was an emergency response cart used?

- ☐ Yes
- ☐ No

Was there anything missing from the emergency response cart that would have changed the outcome of the event?

- ☐ Yes
- ☐ No

Was anything missing that you needed?

- ☐ Yes
- ☐ No

yes, please specify

When was the last time the staff was trained on the emergency response cart?

When was the last time the emergency response cart maintained?

What type of procedural safety checklist do you use and what is included on it?

Concluding Remarks

What would have changed the outcome?
